WISCONSIN

Department of Adult Institutions DOC-410 (Rev. 04/18) Administrative Code Chapter DOC 310

## ICE RECEIPT COMPLAINT NUMBER WCI-2023-9370 \* \* \* ICRS CONFIDENTIAL \* \* \*

To: BURKES, KEVIN L. - #275991 UNIT: \_S-\_H -- \_H04-\_L WAUPUN CORRECTIONAL INSTITUTION PO Box 351 WAUPUN, WI 53963-0351

### **Complaint Information:**

Date Complaint Acknowledge	06/26/2023		
Date Complaint Received:	06/26/2023	:	
Subject of Complaint:	:12 - Other	1	
Brief Summary:	claims there is a lack of wellness checks due to the lockdown	•	
		-	

This is to acknowledge the complaint you filed which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 30 days of acknowledgement. A decision will be made by the appropriate reviewing authority within 15 days following receipt of the recommendation unless extended for cause.

Please write to the ICE if this issue is resolved before you receive an answer.

Print Date: June 27, 2023

Page 1 of 1
\*\* ICRS CONFIDENTIAL \*\*

**Decision Date:** 

### **ICE REJECTION COMPLAINT NUMBER WCI-2023-9370** \* \* \* ICRS CONFIDENTIAL \* \* \*

To: BURKES, KEVIN L. - #275991 UNIT: \_S-\_H -- \_H04-\_L WAUPUN CORRECTIONAL INSTITUTION PO Box 351 WAUPUN, WI 53963-0351

Complaint Information: REJECTED

Date Complaint Acknowledged:	06/26/2023	Inmate Contacted? No
Date Complaint Received:	06/26/2023	
Subject of Complaint:	112 - Other	
Document(s) Relied Upon:	DOC 310	
Brief Summary:	claims there is a lack of wellness	s checks due to the lockdown
	there is a lack of wellness check not be able to contact staff.  The institution is not on lockdow aware of this as he received a maseks to get a judgment on a presence of the ICRS will not decide upon a upon a matter that is either future evidence that the inmate is going staff is some emergency arises. following: "(a) Abstract and not a resolved." The issue of the com	to staff shortage, WCI is on a lockdown and that is and he may have a medical emergency and in due to staff shortages and the inmate is nemo regarding the lockdown. Inmate Burkes etend controversy when in fact, none exists. It is state of facts which has not yet arisen nor rece, contingent or uncertain. There is no go to be in danger and not be able to contact DOC 310.03(13) defines Moot as any of the arising from existing facts or rights. (b) Already uplaint is determined to be moot by definition.
Rejection Code:	;Moot	

T. Moon - Institution Complaint Examiner

06/26/2023

Per DOC 310.10(10), you may appeal the rejection of this complaint within 10 days to the appropriate reviewing authority. The reviewing authority will only review the basis for the rejection of this complaint, not the merits of the complaint.

Print Date: June 27, 2023 Page 1 of 2 Institution Complaint Examiner's Office

WISCONSIN

Department of Adult Institutions DOC-402 (Rev. 04/18) Administrative Code Chapter DOC 310

## ICE REJECTION COMPLAINT NUMBER WCI-2023-9370 \*\*\* ICRS CONFIDENTIAL \* \* \*

To: BURKES, KEVIN L. - #275991 UNIT: \_S-\_H -- \_H04-\_L WAUPUN CORRECTIONAL INSTITUTION PO Box 351 WAUPUN, WI 53963-0351

Complaint Information: REJECTED

If you wish to appeal, complete form DOC 2182 Request for Review of Rejected Complaint and send to:

INSTITUTION COMPLAINT EXAMINER
WAUPUN CORRECTIONAL INSTITUTION
200 S. MADISON STREET
P. O. BOX 351
WAUPUN, WI 53963-0351

The reviewing authority's decision is final pursuant to s. DOC 310.10(10), Wis. Adm. Code.

Print Date: June 27, 2023

WISCONSIN

Department of Adult Institutions DOC-2193 (Rev. 04/18) Administrative Code
Chapter DOC 310

## ICE RECEIPT OF REJECTION APPEAL COMPLAINT NUMBER WCI-2023-9370 \* \* \* ICRS CONFIDENTIAL \* \* \*

To: BURKES, KEVIN L. - #275991 UNIT: \_S-\_H -- \_H04-\_L WAUPUN CORRECTIONAL INSTITUTION PO Box 351 WAUPUN, WI 53963-0351

Complaint Information:	
Date Rejection Appeal Acknowled	lged: ;07/10/2023
Date Rejection Appeal Received:	:07/05/2023
Subject of Complaint: 12 -	Other
Brief Summary: ;clair	ns there is a lack of wellness checks due to the lockdown

Your request for review of your rejected complaint has been received. The appropriate reviewing authority shall only review the basis for the rejection. You will receive a written decision from the reviewing authority. The reviewing authority's decision is final pursuant to s. DOC 310.10(10), Wis. Adm. Code.

Print Date: July 10, 2023

Page 1 of 1
\*\* ICRS CONFIDENTIAL \*\*

DOC-2194 (Rev. 04/18)

Administrative Code Chapter DOC 310

### REVIEWING AUTHORITY'S DECISION ON COMPLAINT REJECTION **COMPLAINT NUMBER WCI-2023-9370** \* \* \* ICRS CONFIDENTIAL \* \* \*

To: BURKES, KEVIN L. - #275991 UNIT: \_S-\_H -- \_H04-\_L WAUPUN CORRECTIONAL INSTITUTION PO Box 351 WAUPUN, WI 53963-0351

### **Complaint Information:**

Date Rejection Appeal Acknowledged: 107/10/2023

Date Rejection Appeal Received: 07/05/2023

Subject of Complaint: 12 - Other

ICE's Rejection Reason:

Reviewer's Decision: This complaint was appropriately rejected by the ICE in accordance with DOC

:310.10(6).

Reason(s) for Decision: 'Mr. Burkes does not define what he considers a "wellness check" so no

determination can be made regarding this concern. There has been no change regarding staff responsibilities as a result or, or during, the period of modified

Imovement.

Mr. Burkes is correct in his statement regarding that the general population

cells are not equipped with "emergency call buttons."

**Decision Date:** 07/10/2023

R. Hepp - Warden



# State of Wisconsin Department of Corrections GENERAL REPORT ON INMATE COMPLAINT

**Complaint Information:** 

Date Complaint Acknowledged: June 26, 2023

Date Complaint Received: June 26, 2023

Subject of Complaint: 12 - Other

Brief Summary: claims there is a lack of wellness checks due to the lockdown

ICE Rejection Information: (Signed on 6/26/23 10:06:15AM):

Document(s) Relied Upon: DOC 310

ICE's Summary of Facts: ;TM Inmate complains that due to staff shortage, WCI is on a lockdown and

that there is a lack of wellness checks and he may have a medical

emergency and not be able to contact staff.

The institution is not on lockdown due to staff shortages and the inmate is aware of this as he received a memo regarding the lockdown. Inmate Burkes seeks to get a judgment on a pretend controversy when in fact, none exists. The ICRS will not decide upon a state of facts which has not yet arisen nor upon a matter that is either future, contingent or uncertain. There is no evidence that the inmate is going to be in danger and not be able to contact staff is some emergency arises. DOC 310.03(13) defines Moot as any of the following: "(a) Abstract and not arising from existing facts or rights. (b) Already resolved." The issue of the complaint is determined to be moot by definition. Rejection is warranted on that basis pursuant to DOC 310.10(6)

ICE's Recommendation: Rejected - Moot

ICE's Recommendation Date: June 26, 2023

Rejection Appeal Information:

Date Appeal Acknowledged: July 10, 2023

Date Appeal Received: July 05, 2023

RA's Decision on Rejection Appeal: (Signed on 7/10/23 10:15:43AM):

RA's Comments: Mr. Burkes does not define what he considers a "wellness check" so no

determination can be made regarding this concern. There has been no change regarding staff responsibilities as a result or, or during, the period of

modified movement.

Mr. Burkes is correct in his statement regarding that the general population

cells are not equipped with "emergency call buttons."

RA's Decision: The rejection made by the ICE was Appropriate

RA's Decision Date: July 10, 2023

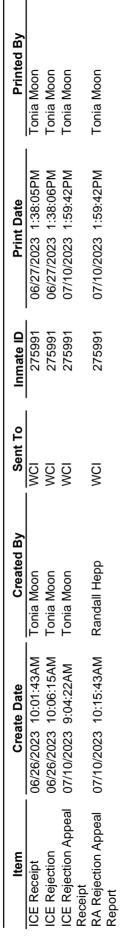
Print Date: January 03, 2024

# State of Wisconsin

Department of Corrections

# **DISTRIBUTION ITEMS**

# for COMPLAINT NUMBER WCI-2023-9370





\*\* ICRS CONFIDENTIAL \*\*

### DEPARTMENT OF CORRECTIONS

Division of Adult Institutions DOC-400 (Rev. 3/2019)

WISCONSIN Administrative Code Chapter DOC 310

### **INMATE COMPLAINT**

OFFICE USE ONLY	OOMBLAIN	IT CODE	COMPLAINT FIL	E NUMBER	
DATE RECEIVED	COMPLAIN	. ^	/ \/\		9370
JUN 2 6 2023		10	Wei	000	1010
<ul> <li>INSTRUCTIONS FOR INMATE:</li> <li>Complete ALL_sections of this form</li> <li>You MUST use a DOC-400B, if additional space is needed.</li> <li>Do not use a highlighter or marker on this form. Do not stap</li> <li>The form may be returned to you if you submit an incomplete.</li> <li>Print clearly, illegible forms will not be processed. See rever</li> </ul>	e form or if you d	o not follow	the instructions.		
	DOC NUMBER		HOUSING U	NIT	FACILITY
Kevin Burkes	27599	_	SCH	OUDENIT	WCI
South lell Hall  ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDE	DATE OF INCIDEN  6 - 23 - ED:	23	TIME OF INC	ON.	Amadamini je
Briefly state who or what is the <b>ONE</b> issue, of this complaint. W	hat remedial acti	on are you i	requesting?		
Personal safety					
With whom did you attempt to resolve your ONE issue, and who any documentation you have, that supports your attempt to resolve You Statt  Wrote Capt. Trutt	olve your claims.	Secretaria de C			
What are the details surrounding this complaint?					
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					ATE CIONES
SIGNATURE OF INMATE					DATE SIGNED  6-25-27

**DISTRIBUTION**: Original – ICTS

### **INSTRUCTIONS**

The department shall maintain an inmate complaint review system that shall be accessible to all inmates in institutions. Prior to filing a formal complaint, you must attempt to resolve the issue by following the designated process specific to the subject of the complaint. If you have not done so, the Institution Complaint Examiner (ICE) may direct you to do so.

Each complaint shall meet all of the following requirements:

- (a) Be submitted on a complaint form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the ICE.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 10 days of receiving your complaint submission. A complaint will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

Each complaint may contain only one clearly identified issue.

A complaint must contain sufficient information for the department to investigate and decide the complaint.

An inmate may not file more than one complaint per calendar week except that any of the following are not subject to the filing restrictions contained in this paragraph:

- (a) Complaints regarding the inmate's health and personal safety.
- (b) Complaints made under PREA.

NOTE: The ICRS is governed by the rules in chapter DOC 310, Wisconsin Administrative Code. For more information on using the ICRS, please review this chapter.

**DISTRIBUTION**: Original – ICTS

ENT OF CORRECTIONS of Adult Institutions J643 (Rev. 8/2022)

### INTERVIEW/INFORMATION REQUEST SOLICITUD PARA INFORMACION / ENTREVISTA

Instruction to Inmate: Do not use this form to contact health staff. Use a Health, Dental or Psychological Service Request.

Instrucciones para Reclusos: No utilice este formulario para comunicarse con el personal de cuidados de salud. Utilice una solicitud de servicio de cuidados de salud, dentales o psicológicos.

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DESCARGO DE RESPONSABILIDAD (Disclaimer)			
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DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-0643 (Rev. 4/2015)			WISCONSIN
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DEPARTMENT: SOUTH	ecll Hall s	Bupervisor	<b>V</b>
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For Confidentiality Use Either Staple/Scotch Tape or an Envelope Por Confidencialidad Engranpe o use Cinta Scotch o un Sobre

WISCONSIN Administrative Code Chapter DOC 310

### REQUEST FOR REVIEW OF REJECTED COMPLAINT

DOC 310.10(10), Wis. Adm. Code: "An inmate may appeal a rejected complaint within 10 calendar days only to the appropriate reviewing authority who shall only review the basis for the rejection of the complaint. The reviewing authority's decision is final."

Prepare an original and one copy of this request. Please print or type.
 Sign and date form. Use a DOC-400B if additional space is required.
 Keep the copy of this request for your records.
 Submit the original to the <u>Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the DOC-402 ICE Rejection of the Institution Complaint Examiner named on the Institut</u>

This form is not to be submitted to the Correct	tions Complaint Exar	miner	
INMATE NAME	DOC NUMBER	INSTITUTION (Abbreviate)	COMPLAINT FILE NUMBER
Kevin Burkes	275991	WCI	2023 - 9370
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### **DEPARTMENT OF CORRECTIONS**Division of Adult Institutions DOC-2182 (Rev. 3/2019)

### REQUEST FOR REVIEW OF REJECTED COMPLAINT

DOC 310.10(10), Wis. Adm. Code: "An inmate may appeal a rejected complaint within 10 calendar days only to the appropriate reviewing authority who shall only review the basis for the rejection of the complaint. The reviewing authority's decision is final."

### **INSTRUCTIONS:**

- 1. Prepare an original and one copy of this request. Please print or type.
- 2. Sign and date form. Use a DOC-400B if additional space is required.
- 3. Keep the copy of this request for your records.
- 4. Submit the original to the Institution Complaint Examiner named on the DOC-402 ICE Rejection you received.

This form is not to be submitted to the Correcti	ions Complaint Exan	niner	
INMATE NAME	DOC NUMBER	INSTITUTION (Abbreviate)	COMPLAINT FILE NUMBER
Kevin Burkes	275991	WCI	2023-9370
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**DISTRIBUTION**: Original – ICTS

JUDN KWIN Burke

To Warden